

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	T.D.		\$ 30.00
<b>O.I.P.E. CLASSIFIER</b>	100	48	6/5/00
<b>FORMALITY REVIEW</b>	100	68971	6/7/00
<b>RESPONSE FORMALITY REVIEW</b>	100	68971	6/23/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	Final	Original	5/16/02
2	Final	Original	5/16/02
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If more than 150 claims or 10 actions  
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